

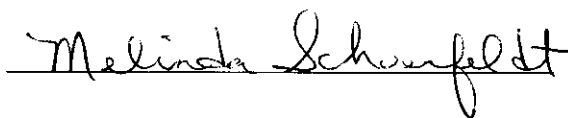
**Anxiety in the Classroom:  
How Teachers Can Recognize and Help Students Deal with Their Anxious Feelings**

An Honors Thesis (HONRS 499)

by

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A handwritten signature in cursive script, reading "Melinda Schoenfeldt", is written over a horizontal line.

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## **Abstract**

All children (and teachers) can benefit from knowing how to effectively cope with their anxious feelings, but particularly those students whose lives are limited by anxiety, worry, and fear. This project provides readers with an understanding of anxiety in children and what it's like to live with this condition. It also discusses some practical classroom techniques and strategies that will help students handle anxious times in their lives. Teachers may use this resource to understand the problems of children in their classrooms and to teach children how to cope with anxious feelings in a healthy, positive manner. This project also includes a linked reference guide for teachers and parents, which contains links to Internet anxiety resources, anxiety children's literature, ways to deal with anxiety, and other helpful sites. This reference guide can be accessed at [www.bsu.edu/web/rmschroeder/anxietyinchildren.html](http://www.bsu.edu/web/rmschroeder/anxietyinchildren.html).

## **Acknowledgements**

This project wouldn't have been possible without the immense support of the Honors College and my thesis advisor, Dr. Melinda Schoenfeldt. Both have shown amazing flexibility and assisted me throughout this process. I would like to thank my family members for encouraging me and helping me stay focused. I would also like to thank my friends for giving me advice and editing my drafts. I couldn't have done it without you all. Once again, thank you.

This project is dedicated to Ethan, who held up the mirror to my own childhood.

According to the U.S. Department of Health and Human Services, as many as 1 in 10 young people may suffer from an anxiety disorder (National Mental Health Association, 2003, para.3). It is natural for all children to have anxious feelings in their lives, such as the butterflies before giving a speech or taking a big test. However, in a classroom of 20 students, there is a likelihood that two children have anxious feelings so intense they interfere with their lives. Teachers need to have the knowledge and resources to be able to assist students when they are feeling anxious. By knowing the characteristics and causes of anxiety, teachers will be able to understand some of the thoughts of children who are affected by these feelings. Teachers will also be able to assist children in overcoming their anxious feelings by being familiar with treatment options available for children with anxiety.

#### Characteristics of Children with Anxiety

*"We wish our child could just let go and be a child, and not always have the weight of the world on his shoulders."*

Boston University's Donna Pincus, director of the Child and Adolescent Fear and Anxiety Treatment Program, states that this is a common reason parents bring their children to the university's Center for Anxiety and Related Disorders, or CARD (Green, 2002, para. 12). Anxious feelings occur naturally and are a classic survival instinct. The feelings are classified as an anxiety disorder, however, when they persist for a matter of weeks and begin to interfere with the child's functioning (Freedom From Fear, 2000, para. 1).

Major characteristics of anxiety disorders include the following symptoms:

- ♦ Negative and unrealistic thoughts
- ♦ Misinterpretation of symptoms and events

- ♦ Panic attacks
- ♦ Obsessions and/or compulsive behavior
- ♦ Physiological arousal
- ♦ Hypersensitivity to physical cues
- ♦ Fears and anxieties regarding specific situations or events
- ♦ Excessive worries in general (Merrell, 2001, p. 7).

The American Academy of Child and Adolescent Psychiatry also includes characteristics such as repetitive thoughts or actions, fears of embarrassment and making mistakes, and low self-esteem (AACAP, 2000, para. 5). Many of these symptoms are interrelated and influence each other. For example, hypersensitivity to a headache can lead to worries about what could be happening in the body; the worries would create a physiological state of stimulation, which in turn increases fears and unrealistic thoughts such as “My head doesn’t feel right. Maybe there’s something wrong with me. Maybe I’m really sick and nobody knows it.” that lead back to hypersensitivity to the physical cue. This example may sound impractical and absurd, but the anxious child feels these symptoms intensely and in rapid succession. The child’s imagination creates a vicious cycle of misinterpretation, fear, and worry that will continue until something or someone stops the thoughts from chasing themselves.

Sometimes people or events can bring the child out of his/her racetrack of worry, but other times the anxiety will repeat itself until it reaches a fever pitch and ends unfortunately for the child in a panic attack. Though there is no real danger to a child during a panic attack, the panic the child feels is completely real and an absolutely awful experience. After suffering a panic attack, it is not uncommon for the anxious person to begin worrying about whether it will ever happen again (The Midwest Center for Stress and Anxiety, Inc., 2001, p. 2-5). Anxiety is a

— vicious cycle that is incredibly difficult for anyone to break. Without receiving help to deal with their feelings, children with anxiety can later develop problems ranging from poor social relationships and substance abuse to chronic mental health problems and suicide (Merrell, 2001, p. 25).

### Causes of Anxiety Disorders

There are varied sources that influence a child's development and temperament. In most cases, a combination of several sources leads to a child's anxiety. One influence that may cause a child's development of anxiety is related to neurobiology as temperament differences are thought to be a result of reactivity of the central nervous system (Kagan, Reznick, & Snidman, 1990, p. 221). Certain excitability levels in infants seem to be linked to the development of anxiety later in childhood:

— “Researchers have noted that infants whose temperamental characteristics make them easily excitable, highly alert, and very reactive to new and different stimuli are more likely than other infants to become anxious, shy, and socially withdrawn during childhood” (Merrell, 2001, p. 19).

This study supports the idea that there are some characteristics inherent in a child's neurobiology that predispose him or her to be naturally more anxious.

— It is also understood that family influences affect the development of anxious behaviors in children. Quite simply, anxious parents model anxious behaviors. Children unsurprisingly mimic the behaviors and habits of their parents or guardians, and by having an anxious role model, a child is more likely to develop anxious habits of his or her own. Depressed and withdrawn parents are likely to have children with clingy tendencies, separation anxiety, and anxious tantrums. By being mostly unresponsive to the child, the depressed and withdrawn

parent unintentionally causes the child to exhibit these behaviors (Merrell, 2001, p. 19-20). There is also an indication that mood disorders and anxiety can be more prevalent in families with a previous history of such illnesses.

Psychological stress and cognitive distortions also influence anxiety disorders in children. Excessive psychological stress and intensely stressful experiences such as losing a loved one or being exposed to a disaster can cause development of an anxiety disorder (p. 20). In addition, cognitive patterns of negative and unrealistic thoughts increase anxiety. For instance, a child may have a slight stomachache and begin to worry that he or she will somehow get sick or embarrass himself or herself in front of others. The child's body responds to the worrisome thought by releasing chemicals that stimulate other body symptoms. The appearance of new symptoms makes the child believe that he or she really will make a scene and get sick, which again increases the worry. These worries and misinterpretations continue in a cycle that perpetuates the anxious feelings and significantly impacts the development and continuation of an anxiety disorder (p. 21).

Finally, development or reinforcement of an anxiety disorder can stem from a child's behavior. Certain behaviors such as withdrawal from social groups may cause feelings of depression, isolation, and social anxiety. Moreover, a child's anxious behaviors may negatively reinforce themselves. A child who has extreme anxiety in certain situations will experience intense body symptoms, which may perhaps cause the child to avoid or escape the situation altogether. With the escape or avoidance comes an almost immediate lessening of body symptoms, or a removal of negative stimuli. The child's avoidant, escapist behavior is reinforced by this removal, and the child becomes more likely to escape or avoid the situation again in the future.

## Treatments of Anxiety

There are essentially four types of treatment of anxiety disorders that may be used individually or in conjunction with another treatment. Some are practical for classroom use while others logically must be left to physicians and therapists. Methods such as modeling and cognitive-behavioral training seem to be the most appropriate for employment in a classroom and are most easily adaptable for such a setting.

### **Medications**

The first type of treatment is through medications prescribed by a psychiatrist or other physician. Medications could include antidepressants, monoamine oxidase inhibitors (MAOIs), benzodiazepines (high-potency anti-anxiety medications) or other medications such as beta-blockers. Since medications are clearly to be left to psychiatrists and other physicians, they are outside the control of the teacher and so will not be discussed in depth. Moreover, many professionals hesitate to prescribe medications of this sort before a child's brain is fully developed (Conner, 2002, Medications, para. 1).

However, some general information of the medications used in connection with anxiety disorders may well prove useful knowledge. Antidepressants act on the chemical messengers in the brain and correct the imbalances that can lead to depression and anxiety. MAOIs are the original class of antidepressant medications, but they can have dangerous interactions with certain foods, beverages, and other medications. Anti-anxiety medications alleviate symptoms quickly, but are prescribed for short lengths of time to avoid developing a tolerance. These medications are also in a class of sedative-hypnotics, which makes them highly addictive and dangerous to a child. Finally, there are medications such as beta-blockers that can keep specific



physical symptoms (pounding heart, for example) from becoming intense if they can be predicted effectively.

### **Systematic Desensitization**

The second type of treatment available for anxiety disorders is referred to as systematic desensitization. Practitioners use this carefully scheduled technique in a soothing, controlled setting. First, the child is taught relaxation techniques and is given ample practice calming himself or herself until relaxation can be achieved quickly and reliably. The therapist and child discuss the child's fears and develop a fear hierarchy for several situations ranging from those that only produce mild anxiety to the situation that causes the most complete, intense anxiety for the child. From this point, the therapist gradually guides the child through using relaxation to cope with each of the situations in his or her fear hierarchy. Eventually, the child is able to induce relaxation even in the face of his or her most anxiety-producing situation.

This technique is not practical for use in the classroom, and a teacher is inadequately schooled to carry out a therapeutic plan such as this. However, it could be helpful to children to conduct a class discussion about anxiety-producing situations and how to use relaxation techniques. Resources in the form of relaxation CDs for children are available and being employed in classrooms around the country already. One elementary teacher in Houston, TX allows the students to listen to the I Can Relax! CD for Children on Friday afternoons as a reward for their efforts throughout the week (Child Anxiety Network, 2001). This activity would also permit the students to release the tensions of the school week and relax for the weekend. It is not recommended for teachers to suggest truly anxious students confront their anxious situations with only the relaxation skills learned in the classroom. This is another strategy to be left for the most part to professional therapists.

## **Modeling and Positive Reinforcement**

The basis of modeling is to demonstrate to children how to act appropriately in anxious situations. This approach stems from Albert Bandura's social learning theory in which children learn behavior by observing the actions of others and repeating those actions. When given a model that exhibits good coping strategies for dealing with anxiety, anxious children are more likely to repeat the healthy behaviors they have seen. For this strategy to be effective, the child must not only see the proper behavior, but also the positive consequences of that behavior for the model. It is most effective for a student to observe the behavior of another student as the child can relate easily to the other child. This also emphasizes that the coping strategies are easy to use in practical circumstances.

A suitable way to use this technique in the classroom is to have a student model test anxiety and ways to get through it. This could occur during the classroom community part of the day with a discussion of feelings before a big test. The teacher would then ask the students to think of how they deal with these feelings, eliciting responses such as taking a few deep breaths, calm reassurances, etc. The teacher could then present the Successful Strategies for Test Anxiety (Freedom From Fear, 2000) and have some students role play the steps to take during the test. Students would also be encouraged to share experiences, particularly positive, they have had using these strategies. The final step would be to have students share their thoughts after using the strategies in an actual classroom test. Further discussion may include how to adapt the techniques to be most effective for the individual student.

## **Cognitive-Behavioral Self-Control Training**

The final type of treatment for anxiety disorders is cognitive-behavioral self-control training, which is another practical coping method for use in the classroom. Due to its

requirements of cognitive ability, this technique is best used with older elementary students and adolescents. The purpose of this treatment is “to train students to monitor their thoughts, activities, and feelings adequately and to attend to their consequences in a realistic and effective manner” (Merrell, 2001, p. 158). Through this method, students are taught the importance of monitoring their cognitions and redirecting their thinking. Anxious students are methodically instructed how to perform the following:

1. To monitor their self-statements associated with situations that produce anxiety, fears, or panic.
2. To increase their cognitions or self-statements associated with states of relaxation or calmness.
3. To understand the connection between the way they think about an anxiety-provoking situation and the way that they actually respond to that situation.
4. To set standards for themselves that are realistic and attainable.
5. To break down their individual goals into attainable subgoals or smaller goals.
6. To make appropriate attributions for their successes and failures. (p. 158).

This technique could be adapted to whole-class instruction and discussion, but would work best on an individual basis. If it is employed in a whole class, the teacher should create a secure, non-threatening environment in which students might feel comfortable sharing their thoughts and feelings. Practicing and evaluating this method in small discussion groups could lead to insightful dialogue and amazing personal connections among the students in the group.

### Conclusion

Educators must keep in mind that anxiety is an extremely difficult problem to overcome because it requires a complete change of existing thought patterns and anxious habits. According

to Dacey and Fiore, there are four key obstacles that hinder anxious children in recovery from an anxiety disorder:

“[1] They find it harder than other children to calm themselves when they are in a stressful situation. [2] Although many of them are above average in creativity, they seldom use this ability when making plans for coping with their anxiety. [3] Even when they do have a good plan, they tend to become discouraged with it after a while and often quit trying. [4] Even when they are making progress in reducing their anxious feelings, they fail to recognize their success” (2000, p. 2).

Teachers should keep these obstacles in mind when helping students overcome anxiety. The anxious student sometimes needs recognition for the smallest of steps in their plan to overcome this disorder. He or she needs encouraging feedback for the steps already taken as well as support from many angles and a caring, non-threatening environment in which to practice new skills. Children are in an excellent state for changing behavior as they are already growing and changing every day. If they are taught the skills they need early in the problem, they will be more capable of handling situations in an appropriate manner and will be less apt to develop problems such as poor social relationships and substance abuse. Although a teacher cannot be a therapist, he or she can help teach a child the basic skills needed to survive in a stressful world.

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My Web Site:

Anxiety in Children

# Anxiety in Children



This site is a selection of the research from my thesis. It also includes helpful sites and ideas for parents and teachers of anxious children. It is my intention that teachers be able to use this site as a resource for practical information regarding anxiety in children as it occurs in the elementary classroom.

Thesis: Anxiety in the Classroom	Works Referenced
Internet Resources for Parents	Anxiety Internet Resources

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# Internet Resources for Parents



## Articles and Web Sites

[Coping with Anxiety, Fears, and Phobias](#)

[The Anxious Child](#)

[The Anxious Child: A Booklet for Parents and Carers Wanting to Know More about Anxiety in Children and Young People](#)

[Coaching Calmness in the Anxious Child](#)

[baltimorepsych.com Kids' Pages: Why Do We Get Nervous?](#)

[Stress and Children](#)

[Anxiety in Children: What Should We Know as Parents?](#)

[When a Family Member Has an Anxiety Disorder](#)

## Books

[Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children](#)

[Helping Your Anxious Child](#)

Children's Books and Other Resources for Parents from the Child  
Anxiety Network

# **Anxiety Internet Resources**

## **What is anxiety?**

These sites will help you learn the basics of anxiety and anxiety disorders in children.

[Common Questions, Quick Answers](#)

[Frequently Asked Questions About Anxiety Disorders in Children and Adolescents](#)

[NAMI HelpLine Fact Sheet: Anxiety Disorders in Children and Adolescents](#)

[Common Anxiety and Related Problems Among Children](#)

[Childhood and Adolescent Anxiety Disorders](#)

[Description of Child Anxiety Disorders](#)

[Fears, Phobias and Anxiety](#)

[Social Anxiety in Children & Adolescents](#)

[Freedom From Fear: Anxiety Disorders](#)

[Anxiety Disorders Association of America: Anxiety Disorders](#)

[The Anxious Child](#)

[Dealing with Anxiety in Children](#) \*

\*This is an intensive self-study module for school psychologists, but it contains a wealth of information for those wanting to know more about childhood anxiety.

## **Coping Strategies and Treatments**

These are just a few of the many resources available to help children with anxiety.

[The Child Anxiety Network](#)

[Successful Strategies for Test Anxiety](#)

[Reducing the Stress in Your Life](#)

[Helping Children Handle Disaster-Related Anxiety](#)

[Treating Anxiety in Children and Adolescents](#)

["Anxiety Disorders: Treatments Work" by Harrison Wein, Ph.D.](#)

[Treatment of Anxiety Disorders](#)

### **Anxiety Articles**

[Childhood Anxiety Steadily on the Rise Since the 1950s](#)

[Current Concepts: Anxiety Disorders in Children and Adolescents](#)

[Researchers Link Adolescent Cigarette Smoking with Anxiety Disorders during Early Adulthood](#)

[Medication Effective in Treating Anxiety Disorders in Children and Adolescents](#)

[Children Gain Freedom from Fear at Boston University Center](#)

# Anxiety in Children

Links



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Enter a question or  
a keyword here.

SEARCH



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for parents.

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Emotions & Behavior

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## Coping With Anxiety, Fears, and Phobias

[KidsHealth](#) > [Parents](#) > [Emotions & Behavior](#) > [Feelings & Emotions](#) > [Coping With Anxiety, Fears, and Phobias](#)

### How to Help Your Anxious Child

Parents can help children develop the skills and confidence to overcome fears so that they don't evolve into phobic reactions. The following steps will guide you in helping your child deal with his fears and anxieties.

Recognize that the fear is real. As trivial as a fear may seem, it feels real to the child and it is causing him to feel anxious and afraid. "Being able to talk about fears can help," Dr. Manassis says. "Words often take some of the power out of emotion; if you can give the fear a name it becomes more manageable. As with any negative feeling, the more you talk about it, the more it becomes less powerful."

Never belittle the fear as a way of forcing the child to overcome it. Telling a child, "Don't be ridiculous! There are no monsters in your closet!" may get him to go to bed, but it won't make the fear go away.

However, don't cater to fears. If your child doesn't like dogs, don't cross the street deliberately to avoid one. This will reinforce that dogs should be feared and avoided.

Teach the child how to rate fear. If your child can visualize the intensity of the fear on a scale of 1 to 10, with 10 being the strongest, he may be able to "see" the fear as less intense than first imagined. Younger children can think about how "full of fear" they are, with being full "up to my knees" as not so scared, "up to my stomach" as more frightened, and "up to my head" as truly petrified.

Teach coping strategies. Try these easy-to-implement techniques. Using you as "home base," the child can venture out toward the feared object, and then return to you for safety before venturing out again. The child can also learn some positive self-statements, such as "I can do this" and "I will be OK," which he can say to

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himself when he feels anxious. Relaxation techniques are helpful as well, including visualization (of floating on a cloud or lying on a beach, for example) and deep breathing (imagining that the lungs are balloons and letting them slowly deflate).

The key to resolving fears and anxieties is to overcome them. Using these suggestions, you can help your child better cope with life's situations.

Updated and reviewed by: Kim Rutherford, MD

Date reviewed: September 2001

Originally reviewed by: Steve Dowshen, MD, and Richard Kingsley, MD



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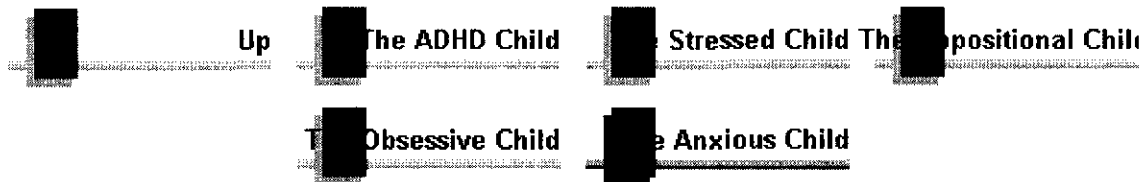
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# The Anxious Child

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## Anxiety Disorders

This category and various sub-categories cover a wide range of symptoms typified by sleep problems and worries or fears. A child may have an “anxiety problem” which is basically defined as less severe than a “generalized anxiety disorder” or a “panic disorder.” Anxiety can be manifested about nearly anything: fear of animals, natural disasters, medical care, school performance, acceptance by classmates, being away from home or even the future in general. When these fears become so excessive that they interfere with social or school functioning, they may well be classified as the more serious generalized anxiety disorder.

Of course, as with many mental health symptoms, the signs of anxiety disorder are shared among a wide population of healthy people. Some adults and children are afraid of escalators. A huge number of people are afraid of flying. After 9/11, perhaps many more people are afraid to be in tall buildings. An important element in developing anxiety disorders may be the parental response. If the parent takes every fear expressed by the child as cause for concern, the fear is authenticated as real. Comforting the child about every fear may plant the seeds of another problem – separation anxiety. If even slight fears trigger parental comfort, then the child may not want to be away from the parent. Of course, the fear is real to the child, and thus caring parents will need to seek a balance between caring and overreacting. No one said being a parent is easy!


For the record, an anxiety problem becomes an anxiety disorder if the excessive anxiety occurs more days than not for at least six months and interfere with the child's participation in school and social life. These symptoms also include:

- restlessness or feeling keyed up or on edge
- being easily fatigued
- difficulty concentrating or mind going blank

- irritability
- muscle tension
- sleep disturbance (difficulty falling asleep or staying asleep or restless sleep)

Variants of anxiety disorder include panic disorder, with and without agoraphobia (which basically means a fear of being in open or public places), specific phobias and separation anxiety disorder (developmentally inappropriate anxiety concerning separation from a parent or other individual).     [\[Back\]](#)

Unless identified otherwise, all information on this website was prepared by a person who is not a mental health professional. All information should be considered in view of this and anyone who believes they have a mental health problem, or is the parent of a child they believe has a mental health problem, should seek professional assistance as soon as possible.

 The Anxious Child booklet cover: a child reading alone on the carpet, legs under an armchair

This is the text of a booklet published by the Mental Health Foundation

Unfortunately this booklet is now out of print.

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Cartoons drawn by Simon Whiteman © Mental Health Foundation

## The Anxious Child

A booklet for parents and carers wanting to know more about anxiety in children and young people

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### Introduction

What do we mean by anxiety in children, and should parents be concerned about it?

Many parents are unsure about when their child's behaviour is something for them to worry about, or

whether it is fairly typical behaviour for children of that age. Many parents are not sure whether to be concerned when a usually talkative 8-year-old becomes withdrawn and preoccupied, when an 11-year-old feels sick every school morning or when an adolescent suddenly begins to refuse to leave their room.

It can often appear like a minefield for parents, trying to find out whether their child's behaviour is expressing real worry or unhappiness, and if so, to understand what is behind it.

For many years it was believed that children did not experience depression or anxiety, and that those who appeared to be merely malingering or attention seeking. This is no longer the case. It is now widely accepted that as many as 8 - 11% of children and adolescents suffer from an anxiety that affects their ability to get on with their lives.

So what are anxiety disorders amongst children, what are they caused by and how can parents help children who are affected?

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## **Section 1**

### **Children and their emotions**

All children, of whatever age, experience powerful emotions. The world of young children can be a frightening and uncertain place, as can that of adolescents, who are facing a time of rapid physical and emotional change.

Many parents can remember times in their own childhood when they were very frightened, anxious, miserable or worried. Such feelings are part of growing up, and confronting the many changes being presented to us throughout childhood.

Children are sensitive to what happens around them, and young children in particular can feel

that it is their fault when things go wrong at home (such as parents becoming ill). This makes them feel worried and guilty. Part 2. of this leaflet, examines the range of issues that can lead to children and young people becoming anxious.

Not all children's emotions are logical. Small children ordinarily have fears about the dark, insects, ghosts, kidnappers and getting lost or abandoned. Such fears are common and normal in all young children. Usually children grow out of their fears but sometimes they persist as the child grows up - there are plenty of adults who are anxious about spiders or dogs. Only when such fears stop your child doing ordinary activities is there real cause for concern.

### **Anxiety in young children**

Children can develop fears and phobias at any age, but they are especially common during early childhood, and again during puberty. Infants can appear to be upset, to be irritable and sleepless, but in very small children, such behaviour is more likely to be caused by hunger, cold, and physical diseases than anxiety.

The situation is not so clear cut as children get a little older. Certainly, it may appear to many parents of toddlers that their children are overly anxious or clinging. All toddlers express distress at being separated from their carers, along with occasional sleeplessness. Parents can help their children by offering them

reassurance that everything is all right.

It might feel as if your child clings excessively. Some children are naturally more timid and anxious than others, and for them the stress of new experiences is greater than for other children. However in time this behaviour will usually pass.

For other children, however, excessive clinging is a sign that they are extremely anxious. It is important when deciding what is excessive clinging in your child to take into account their nature, as well as what is happening within the child's immediate environment. However, if your child clings so much that they are unable to play with other children, if they are unable to sleep alone, or be in a different room from you, this might indicate that they are overly anxious.

Parents may worry that other behaviours in young children indicate that they are insecure or worried. However, often these are exactly the opposite. For example, many young children constantly carry comforting pieces of blanket or favourite toys. They do not indicate insecurity and there is nothing to be gained by removing a young child's comfort object, in fact there are grounds for thinking that children who have comfort objects are better able to cope than those who do not develop the habit.

There are a number of things that parents can do to help children get through this stage of development.

- Try to make sure that small children get a wide range of experiences, particularly meeting people outside the home and playing with other children.
- Try and ensure that your child is able to make their own decisions over small things - this will help them grow in confidence.
- Help children to learn how to fall asleep on their own when they have a nap in the afternoon as well as at night. Make their bedroom a nice place to be, with a night-light. Keeping to a regular bedtime is often beneficial, as is a set routine of getting children into bed. Explain what you want them to do (lie quietly in bed waiting to fall asleep; they can't fall asleep by willpower), return to their bedroom at regular intervals to comfort them if necessary but leave the room before they fall to sleep and praise them for lying in bed quietly.
- Try to make sure they spend at least a day away from home and parents before starting school. By experiencing such a separation they will be less apprehensive about having to spend time away from home.
- Try and ensure that you are not always worried and anxious. Bringing up children can be stressful, but, if your child feels that you are always worried, they are more likely to be anxious themselves. Remember to take time out for yourself - to relax.

If you feel that your child is over anxious, section 3 of this leaflet sets out where you might go for help.

## **School-age children**

Like young children, some school age children can become overanxious. This can be a real concern for parents and professionals working with them. Signs of anxiety in children of this age include children who:

- are extremely shy, timid and clinging
- have real difficulties mixing with other children
- have difficulty getting off to and staying asleep
- have repeated nightmares (more than one a week)
- have repeated complaints of headache or tummy ache
- are constantly asking if things are all right or other ways of asking for reassurance.

Some children will have panic attacks in which they feel that it is difficult to breathe and that they are

going to die.

Anxious children can be irritable and demanding. They can also be a source of extreme worry for parents. In addition to this, it often takes a great deal of patience for parents to see that behind the difficult behaviour there is anxiety and uncertainty. Many parents will respond angrily to their children's behaviour, when what the children want is for their parents to be calm, to know exactly how they are feeling and why. If parents seem not to understand, children can feel that the parents are ignoring their feelings on purpose, which can in turn exacerbate their difficult behaviour. It is important for parents to try and talk calmly to children about the things that are worrying them, and to reassure them whenever possible.

## **Teenagers**

The teenage years can be a fraught time for adolescents and parents alike. It is a time of rapid physical development and emotional change and this can be very uncomfortable. Signs of anxiety amongst adolescents might be revealed through over-eating or under-eating, excessive sleepiness, and over-concern with appearance. Some adolescents will experience phobias and panic attacks may occur. For the majority of young people the feelings of uncertainty, turmoil and unhappiness that are all of adolescence, do not mean that they will go on to develop more serious problems. However, for a minority of adolescents, specialist help may be necessary.

Parents can play an important role in helping their children through this difficult time. Strategies that parents can develop include:

- Setting clear ground rules for the young person - these should be reasonable and become less restrictive as older children become more responsible.
- Be prepared to really listen to your child - adolescents are much more likely to confide in you and trust you if they feel that you will respond to their worries and not automatically criticise them.
- Find support for yourself - many parents feel rejected by their adolescent offspring and are uncertain how to support them. Talking to other parents and to your partner can make you feel less isolated.

When the young person's anxiety is such that it is causing them prolonged distress or it is interfering with their lives; stopping them going out with friends, having relationships or hobbies, for example, then you might want to consider asking for professional help. For further information on where to go for help, see [Section 3](#).

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## **Section 2**

### **Why do children become anxious ?**

#### **Reasons for being generally anxious**

There are a range of reasons why children and young people become anxious. In most cases, when children are extremely anxious there is a very real cause to this; perhaps they are having difficulties at school, (for example) being bullied. Anxiety can also have no apparent cause, but be very real in its own right, and cannot be overcome by willpower. However, attempts to get children to master their anxiety by telling them 'not to be so silly' will fail.

Below are a number of reasons why children and young people might become anxious:

- a temperamental disposition. Anxiety can run in families. There is a genetic predisposition to some children being anxious
- physical illness or disability
- family problems
- school worries
- problems with friends and activities out of school.

### **Physical illness and disabilities**

Being physically ill may cause children to become anxious. For example, if a child has a severe asthma attack, fears of dying may be aroused, or overprotective attitudes by parents or carers may be provoked.

Children and young people with physical disabilities may be caused a great deal of anxiety as a result of other children's responses to them.

### **Reasons within the family**

#### **Rows between parents**

Young children feel insecure and threatened when they hear their parents rowing, especially when children hear threats by one parent to hurt the other, or to leave home, or when they overhear insults which they do not know whether to believe.

Many parents, when faced by an unsympathetic partner, turn to their children, for support and a listening ear. This can be destructive for the child, placing them in an impossible situation and often resulting in the child feeling extremely anxious.

During and after a row parents are angry and unlikely to be able to comfort their child. Either parent may be upset at a time when their child needs them. The parent may push them away, which can confirm the child's sense of guilt at being somehow to blame.

#### **Recent parental divorce**

Parental separation and divorce is usually painful and distressing for children. They continue to love the parent who leaves the home and cannot understand why their parents cannot live together. The child may think that it is their fault that their parents have separated, and this, in addition to divided loyalties between the parents, can result in the child feeling very insecure and anxious. It is important for parents who divorce to tell their children that they will not be abandoned, and that the divorce is not their fault. It is also important not to criticise the other absent parent in the children's hearing or ask the children to take sides.

#### **Parental illness**

If a parent is ill, young children may also assume that this is their fault. Children readily think that the illness is because of something they thought or did (or didn't do).

Some children start to think that they should be ill or die themselves instead of their parent. This sort of thinking is very private and children do not talk about it easily. It is often wise to answer children's questions about illness in a factual but not overly detailed way and take the opportunity to state that its cause was nothing to do with them.

## **Parents seeking reassurance from their children**

A few anxious parents ask their children for reassurance that they are loved by them, that they are doing the right thing, or that their children will never leave them in later life. This places a huge burden on children who easily come to believe that they are responsible for their parents' state of mind. Parents should reassure children, not the other way round.

## **Parents using excessive threats to control their children**

Managing children's behaviour is difficult. Clear instructions and the use of praise, coupled with clear limits to bad behaviour such as sending children to their room or withdrawing privileges, are usually sufficient. However, a few parents find that these are too difficult or are insufficient and resort to issuing wild threats. After a while most children discover that these are bluff and the harassed parent makes the threats more terrifying. When these involve threats of abandoning the child ('I'll put you in a home'... 'I'll just go away one of these days...') children can become seriously anxious. This can result in making them feel irritable so that they offend the parent more and the threats intensify. Positive disciplining, giving encouragement to the child's good behaviour and not constantly highlighting the bad, can be a much more effective way of promoting the desired behaviour and increasing your child's confidence.

## **Reasons at school**

### **Troubles with other children**

Bullying, rejection and teasing are widespread in schools. It can sometimes be difficult for adults to understand the distress and misery bullying causes, especially if the bullying is 'only' teasing and name-calling. But being persistently teased can make children very unhappy. It can lead to low self esteem, with the child feeling that they deserve to be bullied. It can also lead to problems in later life. Some adults who were bullied as children find that they often get depressed, lack self-confidence and feel resentful.

There are positive steps that schools can take to stop bullying. Effective ways include the school making it clear that all pupils have a right not to be bullied, encouraging pupils that it is not wrong to 'tell' and that when bullying occurs measures will be taken to stop it.

Parents too can play an important role in supporting children who have been bullied; by listening to what the child is saying about their experiences and believing them, and by working with them to rebuild their sense of self esteem.

### **Troubles with school work**

Children can become extremely depressed as a result of unattainable academic expectations that they feel teachers or parents have of them. For example consistent low achievement, or a fear of failure can lead to a child fearing rejection from parents and friends and becoming extremely anxious. Constant encouragement and support is the best way of encouraging children to fulfil their potential.

### **Troubles with teachers**

Some teachers and children just do not hit it off. If you think that your child is being treated unfairly by a teacher, take it up with that teacher but not in a confrontational way. Parents do not always realise that children can be very different at home than at school.

## **Reasons outside home and school**

There are a host of things which children, especially teenagers can get anxious about. Worries about girl-



and boy- friends are near the top of the list. Anxieties about getting into trouble with authorities such as the police sometimes feature. If parents have managed to keep talking to their children then it is more likely that they will ask for their help with anything which is worrying them.

## **Specific fears**

It is common sense that a child may learn to fear something because of a frightening experience. More perplexing are the irrational phobias which some children develop. Mostly these are severe forms of the common fears which affect many young children, but in the teens more complicated fears can develop. When these cannot be reasoned away and prevent someone from carrying out ordinary activities they are called phobias. Several characteristic patterns of phobias are recognised in children and teenagers.

### **Social phobia**

It is not uncommon for teenagers to be shy, but if a fear of talking or eating in public or of being looked at becomes so strong the young person cannot face other people at all, then a phobia has developed.

### **Agoraphobia**

Just as with adults, some teenagers (but not young children) come to fear open space, waiting in queues, and brightly lit public places. This may stop them being able to attend school, or take part in social activities.

### **School phobia**

Many children are fearful of starting a new school but get over their anxiety within a few days of actually attending. A few children, however, develop a powerful fear of attending school and find themselves unable to leave home and to go school -even though they may have said they intend to go. This often becomes an issue after a child has been off school for a while, for example as a result of a lengthy illness.

## **Obsessions**

Anxious repetitive thoughts that crowd the mind and are difficult to get rid of (even though the person knows they are senseless) are obsessions. Often they give rise to compulsive rituals such as counting, hand-washing or cleaning, which are intended to ward off such thoughts or deal with the anxieties that they produce. For instance, children may feel they have to say good night nine times or they might die in their sleep. These obsessive rituals can be unpleasant and severe, much more distressing than the simple rituals that children put into their games. Their cause is not known but it is now recognised that they are not as uncommon in childhood as was once thought.

## **Eating disorders**

A frequent cause of stress for many young people, and also increasingly for children, is their appearance and the desire to be thin, resulting in many children and young people experimenting with diets or refusing to eat certain foods. For some young people, a difficult relationship with food can become a serious eating problem that can have a damaging effect on physical and emotional health.

### **Anorexia nervosa**

Children and young people with anorexia nervosa have an extreme fear of normal body weight and feel fat, even when they have lost a great deal of weight. The young person may starve themselves by eating only tiny quantities of food, many may also take quantities of laxatives and may exercise vigorously in

order to lose more weight. Anorexia affects many more girls than boys, although boys do suffer from this too.

## **Bulimia**

Bulimia tends to affect slightly older people, although adolescents can suffer from it. People with bulimia gorge themselves with food in 'binges' and then make themselves sick to get rid of the food. They may also take large numbers of laxatives. They may not look overweight or underweight, which can make their eating problems difficult to detect. Continuous bingeing and vomiting can eventually do serious harm to the body.

As well as having a serious effect on a young person's physical health, eating disorders are often a sign that something is troubling them emotionally. They may be linked to unhappiness at home, pressures at school or major changes to family life.

## **Self-harming behaviour**

Another worrying sign of distress and depression amongst young people is self-harming behaviour. Young women are twice as likely to self-harm as young men. The most common form of self-harming behaviour is cutting but it can also include bruising, scraping, burning or other self-inflicted wounds. These injuries can release feelings of self-hatred, anger and anxiety, and can provide a means of self-punishment or of taking control. It used to be believed that self-harming behaviour was 'attention seeking', however there is now a greater understanding of the underlying problems and low self-worth associated with self-injury. Help should be available to all young people who self-harm, both immediately following episodes of self-harming and follow up help. This is especially important as a number of young people who self-harm do also attempt suicide.

## **Suicide**

Suicide amongst 15–24-year-old young men increased by 85% from 1980 to 1990. A variety of causes are seen to be responsible for this: fear of unemployment, an increase in drug use, having parents with marital problems or inconsistent parental discipline, and crises in relationships.

Young people who reveal suicidal behaviour or thoughts should receive medical help, initially from the General Practitioner but also more specialist help. In addition to this, the young people should receive social support, this might include support from a social worker or a support group. Parents have a key role to play as well, encouraging the young person to talk about their difficulties and discuss with them ways of coping in difficult circumstances.

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## **Section 3**

### **What to do**

It is clear that a number of causes of general anxiety in childhood can be prevented or managed by sensible handling. This is also true for many of the specific fears - as has been outlined in this leaflet, there are practical things that parents can do when these arise. For the illogical fears which are not severe enough to be called phobias, simple explanations and reassurance will help many children gradually get over them.

Anxiety or fear which is causing the child or teenager prolonged distress, or is interfering with everyday events such as going out with family or friends or having relationships or hobbies, will often need special treatment. This treatment will nearly always take place in a clinic without the child having to be admitted to hospital.

There are a number of professionals who can help children and young people who are extremely anxious.

## **The GP**

An important starting point in getting help for your child is often your local GP. It is important to be clear with the GP the nature of your worries, and s/he should carry out a detailed interview with you and your child, enquiring into such areas as the relationship between you and your child, concerns regarding school and friends, and other difficulties that your child might be experiencing. Some GPs have counsellors attached to their practices, and they might suggest that your child talks to the counsellor about their anxiety, or they might refer them to counsellors outside the practice.

## **Specialist help**

For other children and young people, the GP might feel that more specialist help is appropriate. If this is the case, they will refer your child to another professional for further assessment. These will most likely be:

- Child and adolescent psychiatrists. These are doctors specially trained to help with anxiety in children. Child psychiatrists work from a range of settings, including hospital departments, child guidance clinics and community child and family consultation centres.
- Clinical psychologists use psychological methods which can be particularly helpful with phobias. Both groups of professionals often work together.
- Educational psychologists and education welfare officers may become involved in helping your child if their anxieties are about school
- In some instances, social workers might also become involved, particularly if your child's anxieties are specifically to do with their home life. The social worker might meet all the members of the family in order to help resolve any difficulties. One form of this help is called Family Therapy, although social workers can help in many other ways.
- Many professionals are part of a multidisciplinary teams. These multi disciplinary teams are often an important part of child and adolescent mental health services within a given area.

## **How are most anxieties treated?**

- This is usually achieved by talking to or helping children and parents to understand how the problem has developed so that children can understand and overcome the anxiety.
- Specific fears are usually treated by helping children confront their fear in a way and at a pace that they can manage, for example by carefully planning a gradual return to school in the case of a school phobia.
- Some older children can be taught how to relax.
- Some children with general anxiety, which is hard to understand, can benefit from psychotherapy - intensive talking with a psychotherapist or professional skilled at this.
- Talking with small children about worries is quite often helped if they are encouraged to draw or play with small toys. Children tend to reveal their preoccupation in some of their play, and skilled observation can understand this.

It is very unusual for anxious children to be treated with drugs although some obsessional problems and a few young people with panic attacks may find these helpful.

Anxiety and fear are unpleasant and can be the cause of substantial suffering in childhood and adolescence. Within the National Health Service there are a number of professionals, particularly within the Child and Adolescent Psychiatry and Clinical Psychology Services, who are expert in such matters. If you think that your child or teenager is unusually anxious, you may be able to use the information in this booklet to help matters yourself. There are also helplines for parents to discuss worries and concerns confidentially. These can also refer you to sources of specialist help in your local area. For more information on these, see [Section 4](#).

Otherwise you can go to your GP who may be able to help directly or will refer your child to the most appropriate local service. Again, if you are unsure what this will entail, do not be afraid to ask. There are many organisations listed in [Section 4](#) who will be able to help you.

Asking for help does not mean that your child is seriously disturbed nor does it mean that they are going to be taken away from you or admitted to hospital against your will. It does mean that they will be helped.

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## Section 4

### Sources of help for parents

- Association of Child Psychotherapists  
120 West Heath Road  
London NW3 7TU  
United Kingdom  
Tel: + 44 (0) 20 8458 1609 (9.45am to 2.45pm)
- British Association for Counselling  
1 Regent Place  
Rugby  
Warwickshire CV21 2PJ  
United Kingdom  
Tel: + 44 (0) 1788 578328 (24 hour information line)  
Email: [bac@bac.co.uk](mailto:bac@bac.co.uk)  
Website: [www.bac.co.uk](http://www.bac.co.uk)
- British Psychological Society  
St. Andrews House  
48 Princess Road East  
Leicester LE1 7DR  
United Kingdom  
Tel: + 44 (0) 116 254 9568  
Fax: + 44 (0) 116 247 0787  
Email: [enquiry@bps.org.uk](mailto:enquiry@bps.org.uk)  
Website: [www.bps.org.uk](http://www.bps.org.uk)
- Carers' National Association  
Ruth Pitter House  
20-25 Glasshouse Yard  
London EC1A 4JT  
United Kingdom  
Tel: + 44 (0) 20 7490 8818 (Mon - Fri 10am - 4pm)

Carersline: 0808 808 7777 (Freephone 10am-12pm & 2pm-4pm Mon-Fri)  
Website: [www.carersonline.org.uk](http://www.carersonline.org.uk)  
Activities include information and advice service for carers.

- Childline  
Tel: 0800 1111 (24 hours, freephone)  
Website: [www.childline.org.uk](http://www.childline.org.uk)  
Confidential helpline for children and young people.
- Eating Disorders Association  
103 Prince of Wales Road  
Norwich  
Norfolk NR1 1DW  
United Kingdom  
Helpline: 0845 634 1414 (8.30am - 8.30pm Mon-Fri)  
Youth Helpline - 18 years and under: 0845 634 7650 (4pm-6.30pm Mon-Fri)  
Website: [www.edauk.com](http://www.edauk.com)  
Email: [info@edauk.com](mailto:info@edauk.com)
- Exploring Parenthood  
4 Ivory Place  
20 Treadgold Street  
London W11 4BP  
United Kingdom  
Tel: + 44 (0) 20 7221 4471  
Advice Line: + 44 (0) 20 7221 6681
- Manic Depression Fellowship (MDF)  
8-10 High Street  
Kingston-upon-Thames  
Surrey KT1 1EY  
United Kingdom  
Tel: + 44 (0) 20 8974 6550  
Website: [www.mdf.org.uk](http://www.mdf.org.uk)
- Mind (National Association for Mental Health)  
Granta House  
15-19 Broadway  
Stratford  
London E15 4BQ  
United Kingdom  
Tel: + 44 (0) 20 8519 2122  
Mind Information Line: + 44 (0) 20 8522 1728 if you live in Greater London or 08457 660 163 if you live elsewhere (9.15am-4.45pm Mon, Wed & Thur)  
Email: [contact@mind.org.uk](mailto:contact@mind.org.uk)  
Website: [www.mind.org.uk](http://www.mind.org.uk)
- Parentline  
(Central Office)  
3rd Floor, Chapel House  
18 Hatton Place  
London EC1N 8RU  
United Kingdom  
Tel: 0808 800 2222 (9am -9pm Mon-Fri, 9.30am-5pm Sat, 10am-3pm Sun)  
Text phone: 0800 783 6783

Administration office: + 44 (0) 1702 554 782

Email: [helpline@parentline.co.uk](mailto:helpline@parentline.co.uk)

Website: [www.parentline.co.uk](http://www.parentline.co.uk)

The confidential national helpline for anyone in a parenting role. Parentline is a telephone helpline staffed by trained volunteers who are all parents themselves. They take calls on any issue causing a problem. The organisation exists to provide support for parents under stress and to facilitate and maximise their ability to care for their children.

- Parent Network  
44-46 Caversham Road  
London NW5 2DS  
United Kingdom  
Tel: + 44 (0) 20 7485 8535 Co-ordinates a national network of self help groups for parents.
- Rethink (new name for the National Schizophrenia Fellowship, NSF)  
National Office  
28 Castle Street  
Kingston-upon-Thames  
Surrey KT1 1SS  
United Kingdom  
Tel: + 44 (0) 20 8547 3937  
Advice service: + 44 (0) 20 8974 6814 (Mon–Fri 10am–3pm)  
Website: [www.rethink.org](http://www.rethink.org)  
  
NSF Scotland  
40 Shandwick Place  
Edinburgh EH2 4RT  
United Kingdom  
Tel: + 44 (0) 131 226 2025  
Carelink: + 44 (0) 1224 213034 (Grampian region)  
Website: [www.nsfscot.org.uk](http://www.nsfscot.org.uk)  
  
NSF Belfast  
Wyndhurst  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast BT8 8BH  
United Kingdom  
Tel: + 44 (0) 1232 402323
- Samaritans  
10 The Grove  
Slough  
Berkshire SL1 1QP  
United Kingdom  
National helpline: 08457 90 90 90  
Website: [www.samaritans.org.uk](http://www.samaritans.org.uk)  
The Samaritans offer confidential emotional support at any hour of the day or night, to anyone in personal crisis and in danger of taking their own life.
- Trust for the Study of Adolescence  
23 New Road  
Brighton BN1 1WZ  
United Kingdom  
Tel: + 44 (0) 1273 693311

Website: [www.tsa.uk.com](http://www.tsa.uk.com)

- Young Minds  
102-108 Clerkenwell Road  
London EC1M 5SA  
United Kingdom  
Tel: + 44 (0) 20 7336 8445  
Fax: + 44 (0) 20 7336 8446  
Parents' information service: 0800 018 2138 (Freephone)  
Website: [www.youngminds.org.uk](http://www.youngminds.org.uk)  
Young Minds, the national children's mental health charity, works to promote the mental health of children and young people. It runs a parents' information service, and produces a range of leaflets for parents and young people.
- Youth Access  
1a Taylors Yard  
67 Alderbrook Road  
London SW12 8AD  
United Kingdom  
Tel: + 44 (0) 20 8772 9900

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## Articles

### **Coaching Calmness In The Anxious Child** **Dr. Steven A. Richfield**

**[www.parentcoachcards.com](http://www.parentcoachcards.com)**

A parent writes: I am increasingly concerned about my child's ability to cope with every day stress. A lot of things in his life make him tense and become preoccupied. This anxiety can happen suddenly or can build over the course of a day, and sometimes make him avoid things he enjoys. I try to talk him out of his worries but it seems to fall on deaf ears. What should I do?

Anxiety is an inherent part of all children's lives but some kids have more difficulty with it due to it's frequency, intensity, and duration. It occurs more regularly and instead of acting like a fleeting wave of tension, it settles in the mind and body like a heavy weight.

Those children more prone to anxiety tend to be easily effected by the sudden twists and turns in life, as if "worry windows" have suddenly opened in their minds and they can't find a way to close them. These openings seem to widen as the child entertains more worrisome thoughts, further fueling feelings of upset, helplessness, and even victimization.

One key reason why some children are more vulnerable to anxiety is traceable to their upbringing. In some cases, the dependency formed upon parents for emotional soothing was not adequately internalized. This means that they did not learn how to self-soothe by means of relaxing their bodies and minds, and developing a track record of appropriate independent management of life stressors. Other kids are born with temperaments that make them especially sensitive and alarmed by the unexpected. Lastly, some children have experienced an acutely anxious/traumatic event in their past that continues to seek expression in their present life. Despite the underlying reason for your child's anxiety mismanagement, here are some coaching strategies:

? Start a dialogue. Begin by educating your child about the "laws of anxiety," such as everyone experiences it, it's unfair to yourself to try to prevent it by trying to live in a bubble, and the best solution is to understand and learn how to manage it. Label some of the thoughts and feelings that widen your "worry window."



Explain what opens your window is different that what opens their window, but that people can learn how to better prepare when their worries get triggered.

Help them identify their triggers and early warning signs. Spontaneity and unpredictability act like fertilizer upon anxiety. Children can understand how these triggers are often present in their lives, especially during the unstructured summer. See if they can point out other triggers and the first signs that their anxiety is sprouting again. Use a imaginary rating scale of 1-10 to label their experience at various stages so that they can observe how it starts and gathers strength from the onslaught of worries and ruminations.

Teach them how to self-soothe through body relaxation, visualization, and self-talk. Alternately tensing and releasing muscle groups helps reduce bodily tension. Visually replaying relaxing scenes in one's mind helps defeat the interference of anxiety producing ones. Practicing "self-talk thinking skills" further fine-tunes anxiety self-management. Weave all three tools together by having your child take deep breaths, envisioning one of their anxiety triggers, and repeating to themselves, " I am not going to let fear and anxiety control my reactions anymore. Avoiding things that other kids enjoy because I'm afraid means less fun for me. I deserve fun and freedom, too. I am going to use all my courage and determination to beat my fear and anxiety when I feel it creeping up on me."

Use circumstances in life to predict an ensuing trigger. Each time a child successfully copes with one of their triggers they become more empowered to confront them again rather than rely upon avoidance. Point out when a worry window might open and remind them of their tools and the confidence boost that comes from beating their fears.

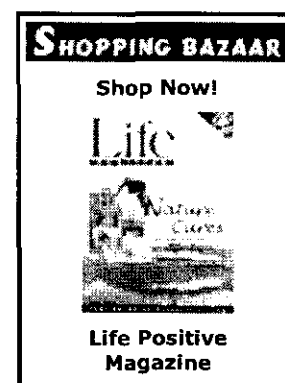
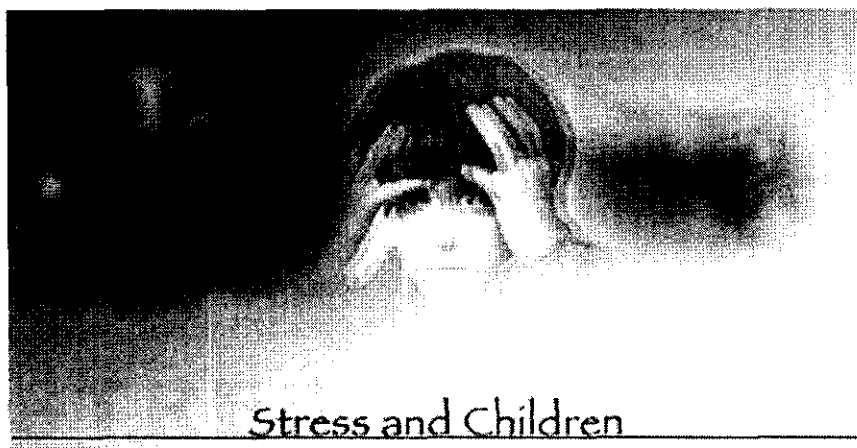
**Dr. Steven Richfield is a child psychologist in Plymouth Meeting, PA. He has developed a child-friendly, self-control/social skills building program called Parent Coaching Cards now in use in thousands of homes and schools around the world. His new book, The Parent Coach: A New Approach To Parenting In Today's Society is available through Sopris West ([sopriswest.com](http://sopriswest.com) or 1-800-547-6747) He can be contacted at [director@parentcoachcards.com](mailto:director@parentcoachcards.com) or 610-238-4450. To learn more about Parent Coaching Cards, read more parenting**

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## ANXIETY IN CHILDREN

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Stress and anxiety in children and teenagers are just as prevalent as in adults. Stressed out and negligent parents, high expectations in academic or other performances, abused or deprived childhood, growing up tensions and demand for familial responsibility are the main causes of childhood and teen stress. Parents, who are not emotionally available for their children or lack positive coping mechanisms themselves, often spur stress in their offspring.

Stressed children show signs of emotional disabilities, aggressive behavior, shyness, social phobia and often lack interest in otherwise enjoyable activities. Research tells us that children, who are forced to live on prematurely adult levels, sometimes become oppositional to following the parents' rules (or those of society). Such children tend to respond to stressors with aggression and indignation.

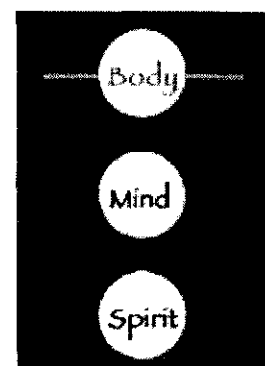
Many teenagers tend to become nonconformists and fall prey to teenage depression in response to a variety of growing up anxieties. However, stress induced fears and anxiety in children adversely affect children's performances at various levels.

### 'Points to Follow' for Both Children and Parents:

- Talk with your child. Find out what's happening in his life. Be honest and open with him. He should talk about his problems or write them down. Teach him to transfer coping strategies to other situations.
- Don't burden them with your problems. But, tell children about the family's goals and discuss difficulties in a friendly manner.
- Compliment children when they do well, and don't forget hugs and kisses.
- Use humor to buffer bad feelings and situations. A child who learns to



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use humor himself will be better able to keep things in perspective.

- Don't overload your child with too many after-school activities and responsibilities. Let children learn to pace themselves. Don't enroll them in every class that comes along, and don't expect them to be first in everything.
- Set a good example. Demonstrate self-control and coping skills. He can benefit by seeing how you cope successfully with stress.
- Get friends' or professional help when problems seem beyond your skills.

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## ADOLESCENCE STRESS

Growing up can be a difficult experience for both males and females. During this period, rapid physical transitions necessitate transition in a child's mental make-up, its attitude towards people and circumstances. Children are often ill equipped to cope with stress during these transitions from a child to pre-adolescence, and from pre-adolescence to adolescence phases.

For pre-adolescents and teens, an identity crisis, the perils of peer interaction, acceptance and rejection of—situations, persons and ideas—are a constant source of teen stress and teenage depression. "Where do I stand?" and "How do I compare to others?" are key concerns for this age group. Choices about drinking, smoking, drugs and sex, along with fears about violence, are common stressors.

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### How Teen Stress Can Be Relieved

- The first step for parents is to be aware of possible stressors and to recognize signs of stress.
- Be sensitive to changes in your children's behavior and respond to them.
- Provide opportunities for them to learn stress management techniques.
- Have reasonable expectations and set manageable goals in academic and extra curricular fields.
- When you are under extra stress, be sure that you are not passing it along to your child.

- Physical exercise and sports are good stress reducers, provided there is not a debilitating level of competition, pressure to perform or fear of failure.
- Encourage relationships with extended family members, friends and helpful neighbors. Just knowing there is someone else to turn to share their feelings can be relieving for children.
- Spending time together or having a few good laughs together goes a long way in reducing stress and in building solid family relationships.

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## STRESS IN STUDENT LIFE

Student-life coincides with adolescence, and stress can manifest in children as a reaction to the changes in life in addition to academic pressures. Children become more self-aware and self-conscious, and their thinking becomes more critical and complex. At the same time, children often lack in academic motivation and performance, as their attention is divided among a lot many things, especially creating an identity for themselves.

### Points That Cause Stress in Students:

- Stress is created by parental pressure to perform and to stand out among other children. When they can't rise up to that expectation, or during the process of meeting it, children may suffer from frustration, physical stress, aggression, undesirable complexes, and depression.
- Students who are under-performers, develop negative traits such as shyness, unfriendliness, jealousy, and may retreat into their own world to become loners.

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- Over scheduling a student's life can put them under stress. A child's in school and after school activities should be carefully arranged to give them some breathing space. Parents may want him to learn music, painting, or be outstanding in a particular sport. So many things are crammed in to their schedule, unmindful (often) of the children's choices and capabilities that it puts a lot of mental pressure on them in an effort to fulfill their parents' wishes.
- School systems cram students with a tremendous amount of homework, which they usually have to complete spending their evenings, weekends and most of the vacations. Unable to find enough time of their own, students often lose interest in studies and under perform. They often feel stress by being asked to do too much in too little a time.
- Teenage depression or growing up tensions add to the academic pressures. If unable to adapt to the transition and change, students often carry enormous amount of anxiety, negative personal traits and can suffer from massive attention problems.

- When 'effortless' learning does not take place, these students lose confidence, motivation and interest, and this creates more stress.

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Another major student stressor is perhaps the middle school malaise, which refers to the physio-psychological transition of students from elementary to junior high school.

Researchers at the University of Michigan have studied this transition from elementary to middle school and have found that:

- On average, children's grades drop dramatically during the first year of middle school compared to their grades in elementary school.
- After moving to junior high school, children become less interested in school and less self-assured about their abilities.
- Compared to elementary schools, middle schools are more controlling, less cognitively challenging and focus more on competition and comparing students' abilities.

### **What Can Help**

- Encourage students to try new things, learn new skills
- Tell them that it is OK to fail
- Teach them that learning takes effort, time and practice

Many psychologists, who research on 'childhood and education', believe that an important cause of stress is how children think about their own intelligence and abilities. If a child thinks of his or her intelligence as fixed—"I'm either this dumb or this smart"—he or she will avoid tasks that challenge their ability or risk failure. Instead, they choose to work on problems that they already know how to solve.

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**Author :** The Children's Hospital at Westmead

## Anxiety in Children - What we should know as parents?

**Summary:** A Fact Sheet - Information for Parents

Anxiety in Children - What we should know as parents?

Dr Radhika Santhanam

Radhika Santhanam is a consultant clinical psychologist at the Children's Hospital at Westmead. She received her doctorate in developmental psychology from India. She has had further training in transcultural mental health from Montreal, Canada. Her special interest areas include psychodermatology, cultural dimensions in clinical practice and developmental issues in infants and toddlers.

Fact sheet - information for parents

Anxiety is a word that health professionals use when a child is fearful or distressed and the distress keeps going on for a long time. In some children this fear or distress occurs in particular situations such as the playground or just prior to sleep. Other children get anxious or worried that something bad might happen in almost any situation from starting school to being afraid of the dark. However, these can also be normal reactions. As parents, we should be concerned when our child's fear or worry is bigger or stronger than we would expect for the situation.

Three things are essential in working out how serious our children's worries are:

1 - Does our child have the sort of worries that other children have at the same age? ie. is it normal for their stage of growth?

It is normal for little children under three to have strong reactions when separated from parents. During early school years many children develop fears of insects, strangers or ghosts. Teenage children can become shy and socially reserved. If our children's fears are too strong for what is happening or last too long to be just a passing phase, we should begin to think that they may be suffering from an anxiety problem. An anxiety disorder is not just a normal reaction but an illness. For example, a teenager who always does well at school becomes totally preoccupied with a fear of failing school.

2 - Can our children explain how they feel?

Children are at a loss usually to explain anxiety. They find it hard to talk about their fear or distress. This is a little like children who are in pain. Adults can often point to their pain and explain what is wrong. Children in pain frequently have difficulty identifying where they have the pain and what sort of pain it is. As parents, it is our responsibility to detect changes in our child's routine and in the way they handle their feelings. For

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